

Bernalillo County Metropolitan Court Outreach Court/Presiding Judge Maria I. Dominguez

OUTREACH COURT REFERRAL FORM

401 Lomas Blvd, NW, Albuquerque, NM 87102 PO Box 133, Albuquerque, NM 87103

Lissa Lowe, Program Manager

Phone: (505) 938-4243

Email: metrlgl@nmcourts.gov Fax: (505) 222-4829

REFERRAL SOURCE INFORMATION
DATE OF REFERRAL:
AGENCY:
ADVOCATE/CASE MANAGER:
RELATIONSHIP**
**We are asking that anyone making referrals not have a non-professional, familial, or domestic relationship with the
individual being referred. **
PHONE: () FAX: ()
EMAIL:
PARTICIPANT INFORMATION
NAME: D.O.B.: SS#:
CASE NUMBER(S): (if available)
PHONE: () Is this number text capable? Pres no
EMAIL: MESSAGE NUMBER: ()
ALTERNATE CONTACT:
Is the participant homeless as defined by the ABA*? \bigcup Yes \bigcup No
Is the participant a Veteran? Yes No
Is the participant in warrant status?
Is the participant currently represented by an attorney?
Is the participant working with any other agencies or involved with CYFD?
If yes please list
Does the participant require an interpreter? Yes No
If yes, please specify language needed
in yes, preuse spearly ranguage needed
SERVICES INTENDED TO PROVIDE TO PARTICIPANT:
☐ Housing ☐ Employment/Job Development ☐ Social Security Insurance
☐ Substance Abuse ☐ Mental Health ☐ Physical Health ☐ Other:
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*The American Bar Association definition of "homeless person"- individuals who lack a fixed, regular, and adequate nighttime residence, including those who, due to loss of housing, economic hardship, or similar reasons, are sharing the housing of others or living in motels, hotels or camping grounds.